

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69652	10/12-1-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	10/2/00
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18	✓✓✓
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25	✓✓✓
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47	✓✓✓
48	✓✓✓
49	✓✓✓
50	✓✓✓

Claim	Date
Final	10/2/00
Original	10/2/00
51	✓✓✓
52	✓✓✓
53	✓✓✓
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56	✓✓✓
57	✓✓✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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